

2005-2006 ANNUAL REPORT

Medical Board of California

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Executive Summary

Senate Bill (SB) 231 (Figueroa, Chapter 674, Statutes of 2005) brought many changes to the board. Last year's Annual Report highlighted several of the recommendations of the board's enforcement monitor. Many of those recommendations were implemented by Medical Board staff without the need for legislation. SB 231 was the bill that implemented the recommendations of the enforcement monitor that required a change in the law, such as a fee increase. Initial license fees and biennial renewal fees had not increased since 1994, when they were fixed at \$600. Despite cutbacks in staffing and other spending, expenditures exceeded revenue by almost \$4 million per year. SB 231 increased the initial and biennial renewal fees, effective January 1, 2006, to \$790. This additional revenue allows the board to properly fund its various programs.

The enforcement monitor identified vertical prosecution — the pairing of a board investigator and a deputy attorney general at the beginning of an

investigation — as a primary means to resolve many of the problems that have historically plagued the Medical Board's Enforcement Program (investigative staff retention/recruitment, case aging, perceived lack of quality investigations/prosecutions). Effective January 1, 2006, SB 231 implemented vertical prosecution in the form of a two-year pilot program without the transfer of investigative staff to the Department of Justice. One major advantage of this new process is the ability to expedite the investigation of complaints regarding physicians' unprofessional conduct.

Another change resulting from SB 231 is that the board will no longer be able to recover its costs of investigation and prosecution of physicians who violate the Medical Practice Act. The California Medical Association asked for this change; however, it was agreed the license fee could be raised (above \$790) to offset the board's lost revenue. Therefore, effective January 1, 2007, the initial and biennial renewal license fee will be set at \$805.

Physician Loan Repayment Program/ Physician Volunteer Registry

The board's Physician Corps Loan Repayment Program encourages recently licensed physicians to practice in areas of California designated as medically underserved by repaying their student loans (up to \$105,000) in exchange for three years' service. This year, applications were received from 70 physicians, with significant diversity in their cultural backgrounds, the languages they speak, and the geographic locations of the practice settings. Twenty-one awardees were selected and almost \$1.7 million in loan repayments were funded. To enhance funding for this program, it was transferred effective July 1, 2006 to the Health Professions Education Foundation, a public-benefit corporation that receives administrative support from the Office of Statewide Health Planning and Development.

The board's online Physician Volunteer Registry was developed by its Access to Care Committee to address board

(Continued on page v)

CURRENT PHYSICIAN AND SURGEON LICENSES BY COUNTY

Alameda	4,158	Inyo	41	Monterey	875	San Luis Obispo	771	Trinity	11
Alpine	1	Kern	1,049	Napa	472	San Mateo	2,495	Tulare	464
Amador	66	Kings	126	Nevada	274	Santa Barbara	1,180	Tuolumne	127
Butte	474	Lake	79	Orange	8,705	Santa Clara	6,315	Ventura	1,751
Calaveras	52	Lassen	38	Placer	918	Santa Cruz	671	Yolo	537
Colusa	10	Los Angeles	26,616	Plumas	38	Shasta	454	Yuba	51
Contra Costa	2,777	Madera	177	Riverside	2,692	Sierra	0		
Del Norte	44	Marin	1,513	Sacramento	3,849	Siskiyou	85	California Total	
El Dorado	292	Mariposa	15	San Benito	37	Solano	778	94,546	
Fresno	1,733	Mendocino	218	San Bernardino	3,230	Sonoma	1,365	Out-of-State Total	
Glenn	11	Merced	225	San Diego	8,843	Stanislaus	833	27,623	
Humboldt	295	Modoc	5	San Francisco	5,322	Sutter	199	Current Licenses	
Imperial	130	Mono	34	San Joaquin	967	Tehama	58	122,169	

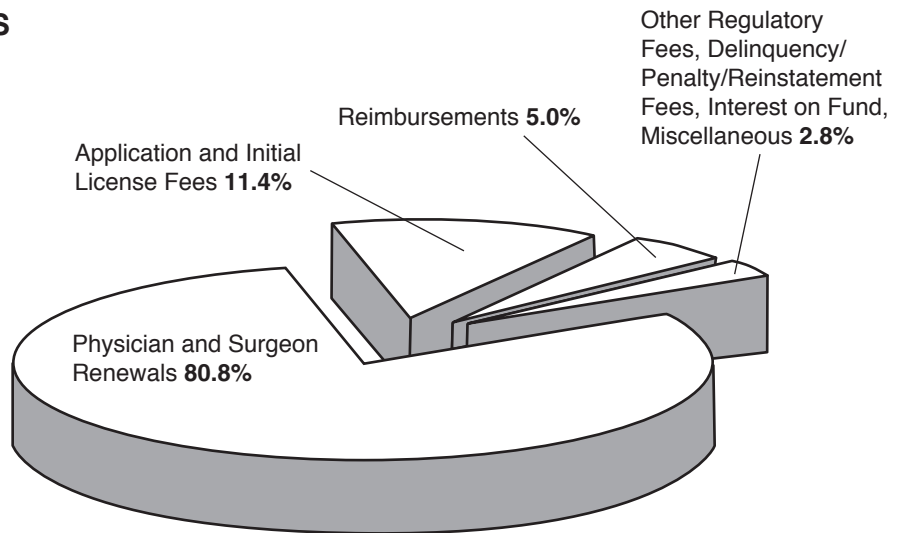
THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect healthcare consumers through the proper licensing and regulation of physicians and surgeons and certain allied healthcare professions and through the vigorous, objective enforcement of the Medical Practice Act.

MEDICAL BOARD OF CALIFORNIA 2005-2006 FISCAL YEAR

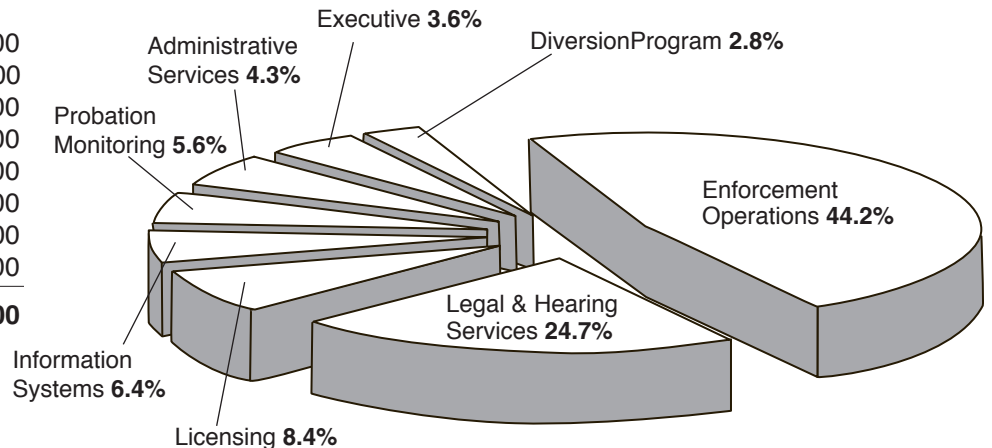
REVENUES & REIMBURSEMENTS

Physician & Surgeon Renewals	\$35,982,000
Application and Initial License Fees	5,054,000
Reimbursements	2,227,000
Other Regulatory Fees, Delinquency/Penalty/Reinstatement Fees, Interest on Fund, Miscellaneous	1,261,000
Total Receipts	\$44,524,000



BUDGET DISTRIBUTION

Enforcement Operations	\$18,844,000
Legal & Hearing Services	10,527,000
Licensing	3,567,000
Information Systems	2,712,000
Probation	2,399,000
Administrative Services	1,813,000
Executive	1,531,000
Diversion Program	1,189,000
Total	\$42,582,000



DIVISION OF LICENSING

The Medical Board's Division of Licensing continues to promote public protection for healthcare consumers through the proper licensing of physicians and surgeons and affiliated healing arts professionals. The division is able to achieve its mission by evaluating the educational credentials and skills of applicants during the licensing process, issuing fictitious name permits, administering the continuing medical education program, and licensing several affiliated healing arts professions.

During the last fiscal year, the Division of Licensing successfully processed 5,020 new applications for licensure and renewed 56,964 licenses. While the physicians and surgeons licensee population increased to 122,169, the division also licensed/certified/registered 400 affiliated healing arts professionals, including licensed midwives, dispensing opticians, contact lens dispensers, non-resident

contact lens dispensers, spectacle lens dispensers, and research psychoanalysts.

In April 2006, the division began auditing approximately 2,000 physicians and surgeons regarding their compliance with the continuing medical education requirements in accordance with Title 16 of the California Code of Regulations, section 1338.

The division conducted site visits at two California medical schools and one California teaching hospital as part of its oversight responsibilities for Special Programs under Business and Professions Code sections 2111, 2113, and Title 16 of the California Code of Regulations section 1327. Areas of concern were identified and policy changes were implemented to prevent reoccurrences. The site visits represent an important step in the working relationship between board staff and university staff regarding special programs.

DIVISION OF LICENSING ACTIVITY

	FY 04-05	FY 05-06		FY 04-05	FY 05-06
PHYSICIAN LICENSES ISSUED			SPECIAL FACULTY PERMITS		
FLEX/USMLE	4,066	4,306	Permits issued	0	0
NBME ¹	312	303	License exemptions renewed	3	2
Reciprocity with other states	350	411	Total active exemption	6	5
Total new licenses issued	4,728	5,020	LICENSING ENFORCEMENT ACTIVITY		
Renewal licenses issued—with fee	52,099	52,176	Probationary license granted	5	4
Renewal licenses—fee exempt ²	5,293	4,788	License denied (no hearing requested)	4	6
Total licenses renewed	57,392	56,964	Statement of Issues to deny license filed	9	11
PHYSICIAN LICENSES IN EFFECT			Statement of Issues granted (license denied)	1	5
California address	92,852	94,546	Statement of Issues denied (license or		
Out-of-state address	27,175	27,623	probationary license granted)	2	3
Total	120,027	122,169	Statement of Issues withdrawn	1	2
FICTITIOUS NAME PERMITS			¹ FLEX = Federation Licensing Exam		
Issued	1,238	1,265	USMLE = United States Medical Licensing Exam		
Renewed	3,708	4,040	NBME = National Board Medical Exam		
Total number of permits in effect	10,022	10,552	² Includes physicians with disabled, retired, military, or voluntary service license status.		

VERIFICATION & REPORTING ACTIVITY SUMMARY

	FY 04-05	FY 05-06
LICENSE STATUS VERIFICATIONS		
Telephone verifications	47,637	58,451
Non-verification telephone calls	22,659	16,632
Authorized LVS Internet users ¹	1,110	1,025
Online LVS access verifications	1,117,381	1,179,197
Web license look-up	5,510,945	6,371,788
Certification Letters and Letters of Good Standing	6,630	7,099
REPORT VERIFICATIONS		
Disciplinary reports mailed to health facilities upon written request pursuant to B&P Code §805.5	451	351
REPORTS TO MEDICAL BOARD		
Adverse Actions reported to the NPDB ²	677 ³	582 ⁴
B&P Code §805 reports of health facility discipline received	113 ⁵	140 ⁶

AFFILIATED HEALING ARTS: 2005–2006 LICENSES

	ISSUED	CURRENT
Licensed Midwife	11	165
Dispensing Optician	98	1,156
Contact Lens Dispenser	91	600
Non-Resident Contact Lens Seller	1	9
Spectacle Lens Dispenser	181	1,978
Research Psychoanalyst	4	76
Accreditation Agencies for Outpatient Settings	0	4
Podiatrist	92	2,176

¹ LVS = Licensing Verification System

² NPDB = National Practitioner Data Bank

³ Includes 645 MDs, 12 podiatrists, and 20 physician assistants.

⁴ Includes 540 MDs, 19 podiatrists, and 23 physician assistants.

⁵ Includes 110 MDs, 2 podiatrists and 1 physician assistant.

⁶ Includes 138 MDs and 2 podiatrists.

DIVERSION PROGRAM

The Diversion Program is a statewide, five-year monitoring and rehabilitation program. It is administered by the Medical Board of California to support and monitor the recovery of physicians who have substance abuse or mental health disorders or both.

The Diversion Program was created by statute in 1980 as a cost-effective alternative to discipline by the Medical Board. Diversion promotes public safety by encouraging physicians to seek early assistance for substance abuse and mental-health disorders to avoid jeopardizing patient safety.

Physicians enter the Diversion Program by one of three avenues. First, physicians may self-refer. This is often the result of encouragement by concerned colleagues or family members for the physician to seek help. Second, physicians may be referred by the Enforcement Unit in lieu of pursuing disciplinary action. Finally, physicians may be directed to participate by the board as part of a disciplinary order.

During FY 05-06, 42 physicians were accepted into the program by the Diversion Evaluation Committee, signed formal Diversion Agreements and entered the program. Of those, 21 physicians had no open cases with the board, 11 physicians were diverted from discipline, and an additional 10 physicians entered as a result of disciplinary orders. During

Activity ¹	FY 04-05	FY 05-06
Beginning of fiscal year	245	248
Accepted into program	49	42
Completions:		
Successful	51	54
Unsuccessful	11	18
Deceased ²	0	3
Active at end of year	232	215
Other Activity		
Applicants ³	28	17
Other Applicants ⁴	18	26
Out-of-state-monitored		
California licentiates	17	16
Completions:		
Successful	5	4
Unsuccessful	3	1
Total monitored at end of FY 05-06		248
Total monitored during FY 05-06		354

¹ Does not include applicant or out-of-state participant data.

² Deaths occurred prior to successfully completing the program.

FY 05-06, a total of 354 physicians were monitored by the Diversion Program. Of the 72 who left the program, 18 were unsuccessful, while 54 successfully

Type of Impairment ¹	FY 05-06	%
Alcohol	46	21
Alcohol & mental illness	20	9
Other drugs	60	28
Other drugs & mental illness	34	16
Alcohol & other drugs	29	13
Alcohol & other drugs & mental illness	25	12
Mental illness	1	1
Total	215	100%

³ Applicants are participants who either (1) have not been seen by a Diversion Evaluation Committee or (2) have not yet signed a Diversion Agreement.

⁴ Other Applicants are those individuals who contacted the program during the fiscal year but either declined (20) to enter the program or were ineligible (6).

completed the five years, including a minimum of three years of continuous sobriety and a change in lifestyle that would support ongoing recovery.

DIVISION OF MEDICAL QUALITY

As mentioned in the Executive Summary of this Annual Report, vertical prosecution as mandated by SB 231 (Figueroa, Chapter 674, Statutes of 2005) was implemented by the board's enforcement staff in conjunction with the Health Quality Enforcement Section of the Office of the Attorney General on January 1, 2006. Although the board only has had about six months' experience with this program, the early statistics are promising. Medical records are being obtained faster, physician interviews are occurring in a more timely manner, and the average time for expert reviewers who opine about Medical Board cases has been reduced by 40 percent.

While there have been some early successes, this two-year pilot project will be evaluated by the board and the Office of the Attorney General, and a joint report will be submitted to the Legislature to determine if it should continue and if investigative staff from the board should be transferred to the Office of the Attorney General.

As a result of the increase in physician licensing fees that became effective January 1, 2006, the board will seek to restore some of the enforcement program's positions that were eliminated during the state's budget crisis of earlier years. During those years, the board had to discontinue its Internet crimes investigator position and its Operation Safe Medicine Program, which targeted unlicensed individuals who were practicing medicine. Both of these innovative, important, consumer-protection programs served as models for other state medical boards throughout the nation.

The board has continued to provide a level of service that adequately protects the public from incompetent and negligent physicians despite the loss of resources over the last several years. It has been able to accomplish this primarily by reprioritizing cases investigated and by handling minor violations in a less formal manner instead of conducting field investigations.

Executive Summary *(Continued from page i)*

members' concerns with the availability of healthcare in California. The registry is intended to be used by clinics or other entities, particularly in underserved areas, seeking volunteer physicians. It provides opportunities to physicians who would like to give something back to their communities. The physicians on the registry have submitted a survey to the board indicating they would like to volunteer their services. This registry also was transferred to the foundation effective July 1, 2006, although it will have ongoing administrative assistance from board staff.

Diversion Program

Substantial improvements were made to the board's Diversion Program, including developing a new tracking system and hiring additional staff including a manager to maintain the random urine-testing program, a manager to oversee the compliance specialists, and two additional compliance specialists.

The Legislature has directed the Bureau of State Audits to conduct an audit beginning later this year or early next year to assist the Legislature in determining if the program should continue to exist after July 2008. SB 231 provides that the Diversion Program will sunset in July 2008 if these and other improvements to the program do not convince the Legislature that the program is adequately protecting the public while fulfilling its physician-rehabilitation role.

REPORTS PER B&P CODE SECTION 805 — FY 05-06

Total Reports Received 138

Peer Review Body Type

Health Care Facility/Clinic		76
Hospital/Clinic	74	
Surgical Center	2	
Health Care Service Plan		33
Professional Society		0
Medical Group/Employer		29

Outcomes of Reports Received

Accusation and Interim Suspension Order Filed	1
Interim Suspension Orders Filed	2
Pending Disposition	94
Cases Closed	41

MALPRACTICE SETTLEMENT REPORTS RECEIVED PER B&P CODE SECTION 801

	No. of Reports	No. of Physicians*		No. of Reports	No. of Physicians*
Allergy & Immunology	2	530	Obstetrics	128	4,386
Anesthesiology	34	4,189	Oncology	1	1,015
Cardiology	23	2,471	Ophthalmology	21	2,385
Colon and Rectal Surgery	1	134	Orthopedic Surgery	52	2,801
Critical Care	1	642	Otolaryngology	11	1,297
Dermatology	6	1,536	Pain Medicine	4	246
Emergency Medicine	37	2,874	Pathology	13	2,296
Gastroenterology	5	1,159	Pediatrics	22	8,323
General/Family Practice	66	6,865	Physical Medicine & Rehabilitation	2	693
General Surgery	58	3,823	Plastic Surgery	16	893
Geriatric Medicine	1	426	Psychiatry	11	4,636
Gynecology	26	4,386	Pulmonology	8	1,125
Infectitious Disease	1	528	Radiology	29	4,420
Internal Medicine	46	19,171	Rheumatology	2	490
Nephrology	1	777	Thoracic Surgery	6	648
Neurological Surgery	16	495	Urology	14	1,162
Neurology	6	1,192	Vascular Surgery	4	192

* Certified in Specialty

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

PHYSICIANS & SURGEONS

	FY 04-05	FY 05-06
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	7,503	7,663
Complaints Closed by Complaint Unit	6,603	6,349
Investigations		
Cases Opened	1,443	1,331
Cases Closed	1,475	1,307
Cases referred to the Attorney General (AG)	521	458
Cases referred for criminal action	34	31
Number of probation violation reports referred to the AG	32	22
Consumer inquiries	36,305	
Jurisdictional inquiries	19,967	
Complaint forms sent	7,987	
Complaint forms returned by consumers	2,795	

Average and median time (calendar days) in processing complaints during the fiscal year, for all cases, from date of original receipt of the complaint, for each stage of discipline, through completion of judicial review:

	FY 04-05 Avg. Median		FY 05-06 Avg. Median	
1. Complaint Unit Processing	66	43	54	28
2. Investigation	259	233	277	261
3. AG Processing to preparation of an Accusation	116	68	132	78
4. Other stages of the legal process (e.g., after charges filed)	473	410	515	417

Enforcement Field Operations Caseload

	Statewide	Per Investigator
Active Investigations	1,111	18
AG Assigned Cases ²	436	7
<i>Probation Unit Caseload</i>		
Monitoring Cases ³	509	25
Active Investigations	40	2
AG Assigned Cases ²	58	n/a ⁴

¹ Some cases closed were opened in a prior fiscal year.

² These cases are at various stages of AG processing and may require supplemental investigative work, such as subpoena service, interviewing new victims or witnesses, testifying at hearings, etc.

³ 130 additional monitoring cases were inactive because the probationer was out of state as of June 30, 2006.

⁴ For Probation Unit caseload, the AG Assigned Cases are included as Monitoring Cases.

COMPLAINTS RECEIVED BY TYPE & SOURCE

	¹ Fraud	¹ Health & Safety	² Non-Jurisdictional	³ Competence/Negligence	Other Category	⁴ Personal Conduct	⁵ Unprofessional Conduct	Unlicensed/Unregistered	Total
Public	166	132	1,464	1,887	1	41	970	127	4,788
B&P Code ⁶	0	2	0	999	1	31	51	0	1,084
Licensee/Prof. Group ⁷	34	20	62	49	21	9	148	19	362
Govt. Agency ⁸	68	43	27	116	61	239	532	80	1,166
Misc./Anonymous	26	25	37	39	1	19	60	56	263
Totals	294	222	1,590	3,090	85	339	1,761	282	7,663

¹ Health and Safety complaints, e.g. excessive prescribing, sale of dangerous drugs, etc.

² Non-jurisdictional complaints are not under the authority of the board and are referred to other agencies such as the Department of Health Services, Department of Managed Health Care, etc.

³ Competence/Negligence complaints are related to the quality of care provided by licensees.

⁴ Personal Conduct complaints, e.g. licensee self-use of drugs/alcohol, conviction of a crime, etc.

⁵ Unprofessional Conduct complaints include sexual misconduct with patients, discipline by another state, failure to release medical records, etc.

⁶ Reference is to B&P Code sections 800 and 2240(a) and includes complaints initiated based upon reports submitted to the Medical Board by hospitals, insurance companies and others, as required by law, regarding instances of health facility discipline, malpractice judgments/settlements, or other reportable activities.

⁷ Licensee/Professional Group includes the following complaint sources: Other Licensee, Society/Trade Organization, and Industry.

⁸ Governmental Agency includes the following complaint sources: Internal, Law Enforcement Agency, Other California State Agency, Other State, Other Unit of Consumer Affairs, and Federal or Other Governmental Agency.

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 04-05	FY 05-06
MEDICAL MALPRACTICE		
Insurers: B&P Code §§801 & 801.1	722	726
Attorneys or Self-Reported or Employers B&P Code §§801(f), 802 & 803.2	212	185
Courts: B&P Code §803	9	6
Total Malpractice Reports	943	917
CORONERS' REPORTS		
B&P Code §802.5	23	11
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §§802.1 & 803.5	20	16
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason B&P Code §805	110	138
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death B&P Code §2240(a)	11	2

DIVISION OF MEDICAL QUALITY ACTION SUMMARY

	FY 04-05	FY 05-06		FY 04-05	FY 05-06
ADMINISTRATIVE ACTIONS			PETITION ACTIVITY		
Accusation	235	226	Petition for Reinstatement of license filed	19	13
Petition to Revoke Probation	26	26	Petition for Reinstatement of license granted	10	7
Number of completed investigations referred to the Attorney General's Office awaiting the filing of an Accusation as of June 30	133	152	Petition for Reinstatement of license denied	10	8
Number of cases over 6 months old which resulted in the filing of an Accusation	169	172	Petition for Penalty Relief ³ granted	26	20
			Petition for Penalty Relief denied	10	11
ADMINISTRATIVE OUTCOMES			Petition to Compel Exam filed	7	9
Revocation	43	39	Petition to Compel Exam granted	7	9
Surrender (in lieu of Accusation or with Accusation pending)	82	66	Petition to Compel Exam denied	0	0
Suspension Only	0	0	LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Probation with Suspension	17	20	Interim Suspension Orders ⁴	28	24
Probation	93	88	Temporary Restraining Orders	1	0
Probationary License Issued	5	4	Other Suspension Orders	27	23 ⁵
Public Reprimand	75	89	License Restrictions/Suspensions/Temporary Restraining Orders Sought and Granted by Case Type in FY 05-06		
Other actions (e.g. exam required, education course, etc.)	46	3		Orders Sought	Orders Granted
Accusation Withdrawn ¹	25	19	Criminal Charges/Conviction of a Crime	4	3
Accusation Dismissed	8	6	Drug Prescribing Violations	3	6
Dispositions of Probation Filings			Fraud	0	1
Probation Revoked or License Surrendered	20	15	Gross Negligence/Incompetence	3	6
Additional Suspension or Probation	9	5	Mental/Physical Illness	2	5
Public Reprimand	2	0	Self-Abuse of Drugs or Alcohol	4	13
Petition Withdrawn/Dismissed	1	2	Sexual Misconduct	9	12
REFERRAL AND COMPLIANCE ACTIONS			Unlicensed Activity	1	0
Citation and Administrative Fines Issued	307	342	Unprofessional Conduct	2	1
Physicians Referred to Diversion Program ²	29	30	Total	28	47

NOTE: Some orders granted were sought in prior fiscal year.

Administrative Outcomes by Case Type in FY 05-06⁶

	Revocation	Surrender	Suspension Only	Probation With Suspension	Probation	Probationary License Issued	Public Reprimand	Other Action	Total Actions by Case Type
Negligence	10	26	0	5	51	0	63	1	156
Inappropriate Prescribing	4	8	0	2	12	0	14	0	40
Unlicensed Activity	0	0	0	3	0	0	1	0	4
Sexual Misconduct	8	9	0	2	5	0	2	0	26
Mental Illness	1	3	0	0	2	0	0	1	7
Self-Use of Drugs/Alcohol	2	13	0	2	6	2	0	0	25
Fraud	2	0	0	1	0	0	0	0	3
Conviction of a Crime	7	4	0	4	1	1	0	0	17
Unprofessional Conduct	5	3	0	1	5	1	9	1	25
Miscellaneous Violations	0	0	0	0	6	0	0	0	6
Totals by Discipline Type	39	66	0	20	88	4	89	3	309⁶

¹ Accusations withdrawn for the following reasons: physician passed a competency exam; physician met stipulated terms and conditions; physician was issued a citation/fine instead; physician died; etc.

² Diversion Program referrals are made pursuant to B&P Code section 2350(b).

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

⁴ Pursuant B&P Code section 2220.05(c), ISOs were granted in the following priority categories: 1 - gross negligence/incompetence resulting in serious bodily injury or death, 3- excessive prescribing, 4 - sexual misconduct with a patient, and 1 - practicing under the influence of drugs/alcohol.

⁵ Includes 0 Automatic Suspension Orders per section 2236.1 B&P Code, 4 license restrictions per section 23 Penal Code, 14 out-of-state suspension orders per section 2310 B&P Code, and 5 stipulated agreements to suspend or restrict the practice of medicine.

⁶ Pursuant to B&P Code section 2220.05(c), disciplinary actions were taken in the following priority categories: 74 - gross negligence/incompetence resulting in serious bodily injury or death, 0 - practicing under the influence resulting in serious bodily injury or death, 20 - excessive prescribing, 18 - sexual misconduct with a patient, and 2 - practicing under the influence of drugs/alcohol.

ENFORCEMENT ACTION SUMMARY FOR AFFILIATED HEALING ARTS PROFESSIONALS

REPORTS RECEIVED BASED UPON LEGAL REQUIREMENTS

	FY 04-05	FY 05-06
COMPLAINTS/INVESTIGATIONS¹		
Complaints Received	308	302
Complaints Closed by Complaint Unit	283	241
Investigations:		
Cases Opened	155	167
Cases Closed	154	164
Cases referred to the AG	66	79
Cases referred for criminal action	4	5
Number of Probation Violation		
Reports referred to AG	3	4
LICENSE RESTRICTIONS/SUSPENSIONS IMPOSED WHILE ADMINISTRATIVE ACTION IS PENDING		
Interim Suspension Orders	1	3
Other Suspension Orders	0	1 ²
ADMINISTRATIVE ACTIONS		
Accusation	14	16
Petition to Revoke Probation	3	4
Statement of Issues to deny application	10	8
Number of completed investigations referred to AG's Office awaiting the filing of an Accusation as of June 30	13	12
ADMINISTRATIVE OUTCOMES		
Revocation	4	8
Surrender (in lieu of Accusation or with Accusation pending)	4	6
Probation with Suspension	1	1
Probation	10	12
Probationary License Issued	4	2
Statement of Issues Granted (Lic Denied)	1	1
Statement of Issues Denied (Lic Granted)	4	2
Accusation/Statement of Issues Withdrawn	1	1
Accusation Dismissed	0	0
Dispositions of Probation Filings		
Probation Revoked or License Surrender	1	3
REFERRAL AND COMPLIANCE ACTIONS		
Citation and Administrative Fines Issued	6	10
Office Conferences Conducted	3	5
PETITION ACTIVITY		
Petition for Reinstatement of license filed	2	1
Petition for Reinstatement of license granted	1	1
Petition for Reinstatement of license denied	1	0
Petition for Penalty Relief ³ granted	1	0
Petition for Penalty Relief ³ denied	0	3
Petition to Compel Exam granted	0	0
Petition to Compel Exam denied	0	0

	FY 04-05	FY 05-06
MEDICAL MALPRACTICE		
Insurers		
B&P Code §§801 & 801.1	21	9
Attorneys or Self-Reported or Employers		
B&P Code §§801(f), 802 & 803.2	0	1
Courts		
B&P Code §803	0	0
Total Malpractice Reports	21	10
CORONERS' REPORTS		
B&P Code §802.5	1	0
CRIMINAL CHARGES & CONVICTIONS		
B&P Code §803.5	0	0
HEALTH FACILITY DISCIPLINE		
Medical Cause or Reason		
B&P Code §805	3	2
OUTPATIENT SURGERY SETTINGS REPORTS		
Patient Death		
B&P Code §2240(a)	0	0

¹ Affiliated healing arts professionals include podiatrists, physician assistants, research psychoanalysts, dispensing opticians and licensed midwives, except in the categories of investigations, cases referred to the Attorney General and referred for criminal action.

² Includes a stipulated agreement to suspend or restrict practice.

³ Penalty Relief includes Petitions for Modification of Penalty and Petitions for Termination of Probation.

The Annual Report is also available in the "Publications" section of the Medical Board's Web site: www.mbc.ca.gov. For additional copies of this report, please fax your company name, contact's name, address and telephone number to the Medical Board's Executive Office at (916) 263-2387, or mail your request to 1426 Howe Avenue, Suite 54, Sacramento, CA 95825.

MEDICAL BOARD OF CALIFORNIA

Officers

Steve Alexander,
President
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